

OFFICE OF MEDICAL SERVICES

ANNUAL REPORT

FOR FY 1974

Section A. GENERAL

1. The overall Office of Medical Services (OMS) program developed satisfactorily and as planned in FY 1974. The traditional emphasis on preventive medicine in the conservation of manpower continued. The expanded efforts of more recent years to provide professional assistance to management also continued. Changes external to the OMS did have their influence on the OMS. Among these were changes in senior Agency management and the introduction or increased emphasis on programs such as EEO and MBO. A key OMS official (Chief of the Psychiatric Staff) was continuously belabored with court appearances and legal meetings stemming from his official Agency role relating to the extremely complex set of events that has come to be known as Watergate. Another external change -- resulting from the December 1973 decision of the DCI concerning the respective roles of the OMS and the Office of Scientific Intelligence in the preparation [REDACTED] -- has required negotiations, still ongoing, with the OSI for the implementation of these prescribed office roles.

2. Relative to operating and management strategies of OMS, we would make the following observations concerning FY 1974.

a. Although the OMS is chartered with the responsibility for providing certain types of medical evaluations for certain employees, we did in FY 1974 adopt the strategy (objective) of providing a certain type of evaluation to all employees. This, of course, was the initiation in October 1973 of our Multiphasic Testing and Periodic Health Examination Program (MPT/PHE), which is discussed in Section B below. The intent of this program is to provide recurrent clinical screenings for those Agency employees we are not by charter required to screen and therefore have not in the past seen on any recurrent basis.

b. To undertake such expansion of services, an improved

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medical data system, for greater control of processing, has been necessary. To assure this we have tried to exploit the assistance available from the computer. Information Processing Systems (IPS) is so closely linked in our planning with our clinical plans that we conceive of "MPT/PHE/IPS" as a joint effort.

c. Another development of somewhat "strategic" nature is our experimental effort for the electronic exchange of physiological data with Agency field installations. This is also discussed in Section B below.

d. OMS efforts toward a substantive contribution to management represent, in our judgment, another aspect of operating/management strategy. Examples of this, such as OMS efforts in the behavioral and social sciences area and the efforts of our Psychological Services Staff in offering management the Assessment Center technique, are discussed in Section B below.

3. One of the most significant internal OMS developments of FY 1974 was the loss of some five key professionals, mostly through retirement. This has undoubtedly resulted in some limitation of progress than would have occurred otherwise, but appropriate adjustments are being made.

4. The only change in objective in FY 1974 of any significance was the change in the thrust of the initial application of the Assessment Center objective. After discussion with officials of the office involved, emphasis was directed to development rather than selection (cf Section B 2d below).

## Section B. PERFORMANCE AGAINST FY 1974 OBJECTIVES

### 1. Management Support

#### a. Reduction of Manpower and Funding Levels (DCI)

Objective was to reduce manpower and funding levels in FY 1974 while continuing to provide essential support services.

Objective was accomplished satisfactorily. OMS staff ceiling in FY 1974 was eight (8) less than in FY 1973,

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and although funding was higher, this was mainly attributable to the significant rate increases for compensation of personnel.

b. Identification of Certain Costs (DD)

Objective was to identify costs to OMS for services provided to various Agency components.

Objective was accomplished satisfactorily. Objective was pursued with the foreknowledge that in FY 1975 it would be replaced with a DCI costing methodology objective for all M&S offices. In FY 1974 therefore this objective was considered a learning experience -- a developmental, limited-scale, precursor of the FY 1975 objective. Accordingly, certain special referral costs incurred by three OMS clinical elements were identified for study. These were identified and calculated for the six-month period, January - June 1974. (As might have been expected, results showed that some 85% of these costs selected for study were incurred for the Operations Directorate, 13% for the Management and Services Directorate, and the remaining 2% for the other Directorates.) It is our belief that the limited FY 1974 objective has served primarily as an introduction to the larger FY 1975 objective.

c. Modification of Medical Chartroom (DD)

Objective was to modify the OMS medical chartroom to provide space for additional personnel involved in the OMS Information Processing System and for the inclusion of the MAP terminal.

Objective was accomplished satisfactorily, and the remodeled chartroom has been in operation since 1 January. Attainment of this objective was necessary for the objective involving conversion of medical charts described below.

d. Conversion of Medical Charts (DD)

Objective was to start in FY 1974 the conversion of (a) all medical charts [ ] to a terminal digit, color-coded system, and (b) all dependent charts [ ] to a unit record system.

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Objective was satisfactorily developed for FY 1974: (a) was not only started, but was completed -- on 15 May -- in FY 1974. (b) however was not started in FY 1974 because of the decision to concentrate the available personnel resources on starting and completing the higher priority portion of the objective, the conversion of the [ ] medical charts on employees. (b) has to do with setting up separate individual charts for each dependent in contrast to the present arrangement where medical records of all dependents of an employee are filed in a single chart (a separate chart for each dependent is necessary for proper development of our planned Information Processing System). This conversion will be started during the current fiscal year.

## 2. Professional Medical Services

### a. Multiphasic Testing and Periodic Health Examination Program (DD)

Objective was through a Multiphasic Testing and Periodic Health Examination Program to provide in FY 1974 screening to the first 1,500 of those Agency employees not now seen on any recurrent basis, evaluate results and develop a data base for evaluation of the system.

Objective was satisfactorily accomplished in that all milestones (establishment of criteria, implementation of screening, analysis of program, etc.) were met. A total of 1,500 employees however was not screened -- only 1,330 were screened. We do not consider this a major shortfall, and, indeed, under the circumstances are pleased that this many were screened. The program was not initiated until October 1973 and was in reality a pilot undertaking. There was much to be learned and taught: "selling" the program in a public relations sense, block scheduling, retraining of personnel, recruitment of new technical personnel, development of computer assistance, etc. The program was in fact stopped in early June 1974 because of certain emergent problems of program support (involving, primarily, the computer-assisted medical history aspect of the program). These are now being resolved and it is planned that screening will be resumed

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shortly. The goal for these in FY 1975 is 2,000.

We are particularly pleased with the way the MPT/PHE has been received by Agency employees and management. As a major thrust in our continuing efforts in preventive medicine it has been professionally rewarding. We have, for example, been able to detect early pathology of which employees were previously unaware, and have been able to guide such employees toward corrective therapy. We are also pleased that the program has been accepted as it was intended -- as a service program for employees.

b. Computerized Test Interpretation (DD)

Objective was to develop and test in FY 1974 the system for the computerized test interpretation and reporting for the Professional Test Battery (PATB) administered by the Psychological Services Staff of the OMS.

Objective was satisfactorily attained. All FY 1974 milestones were met. These milestones however were part of a continuum of nine milestones that extends into FY 1975. In FY 1974 the first five of these, involving development and testing, were accomplished. The FY 1975 milestone for the fully operational interpretation and reporting system is 30 April 1975. The essential purpose of the effort is to "teach" the computer to score (interpret) the results of the test battery of an applicant or employee, and report this interpretation in a meaningful way to the interested managerial decision makers. Such interpretation and reporting is now done by professional and technical personnel, whose services, under the new system, should become available for the new and other requirements for psychological services that are mounting so appreciably. We are thus highly pleased with the progress of this effort in these times of personnel austerity.

c. Behavioral and Social Sciences (DD)

Objective was to establish in FY 1974 the Behavioral and Social Sciences (BSS) Program through the recruitment of consultant specialists and develop an Agency mechanism for the program which, following approval, will go into

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operation; conduct trial applications. (In FY 1975, be ready to accept 4-6 requests from the Agency for application of the developed BSS capability to problems or situations involving BSS.)

Objective was not accomplished to our complete satisfaction. Difficulty in attaining the first milestone -- recruitment of consultant specialists in Anthropology, Sociology and sub-fields of Psychology -- caused slippage which, in turn, caused rescheduling of the subsequent milestones, i.e., development of a mechanism and trial applications.

Now, however, six specialists have been identified, recruited and are in various stages of processing toward consultant status. In early FY 1975 we plan trial applications of what we have developed. (It should be noted that the Assessment Center technique is of course an application of BSS and was in fact originally studied as a proposal by the OMS BSS Committee. It was then assigned as a responsibility to the OMS Psychological Services Staff. This effort is proceeding well and described below under the Assessment Center objective. Other "spinoffs" of our FY 1974 BSS efforts were: (1) early consideration of BSS assistance in counterterrorism which resulted in the establishment of the OMS task force mentioned in Section C below; (2) initial meetings with the Director of Strategic Research and his staff concerning potential BSS assistance; and (3) meetings of one of our recruited consultants, [redacted] [redacted] with senior Directorate officials on possible BSS applications.)

We note that the general BSS effort is slow in development. We believe however that the three new DD level objectives of OMS for FY 1975 calling for BSS capability will assure an early application. It is our view that Agency management has much to gain from the new insights and assistance available from the various professional disciplines that make up the BSS area.

d. Assessment Center (DD)

Objective was to explore with interested Agency operating offices the feasibility of trial use of the

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Assessment Center techniques as a device to improve the identification and career development of managerial personnel; develop, test, and implement an Assessment Center in at least one office in FY 1974.

Objective was satisfactorily initiated in FY 1974. The Office of Joint Computer Support accepted the offer to be the initial office of application. PSS/OMS conducted preliminary discussions with OJCS in November 1973, completed the necessary fact-gathering interviews in OJCS in February 1974, and developed the necessary questionnaire in June 1974 after interviews with OJCS managers. During the fact-gathering stage, however, OJCS underwent a change in command. Discussions with the new D/OJCS resulted in a change in direction of the ongoing OJCS Assessment Center effort: development of managerial talent rather than selection was to be emphasized. This required redesign of the methodology planned for the OJCS application. This redesign is now completed and an operational running of the Assessment Center in OJCS is scheduled for October 1974. We believe this is a prime example of how Agency management can benefit from advances and techniques in the BSS area.

3. Operational Medical Support

a. Data System on Overseas Illness (DD)

Objective was to develop and test in FY 1974 and have in operation by FY 1975 a data system that will comprehensively reflect the incidence of illness of Agency personnel (employees and dependents) overseas. The system should provide a basis for estimating more precisely (a) the degree of risks of illness associated with various posts, (b) the efficiency of specific facilities used, (c) occupational hazards and (d) other biomedical parameters.

Objective was not satisfactorily developed in FY 1974, primarily because of personnel absences (TDY, training, retirement) in the 3-person OMS Field Support Staff that is responsible for the objective, e.g., C/FSS

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was absent on overseas TDY for 3 weeks in April 1974. The project is some 3 months behind original schedule. (This slippage was reviewed with the DD/M&S at the last periodic management conference and revised milestone dates were approved.) The methodology for the project has been determined and the development of tally sheets for data tabulation is under way. The system should be in operation in FY 1975 and should be of assistance in the subsequent development of the Agency field medical support program.

b. Electronic Exchange of Medical Data with Field (DD)

Objective was to initiate discussions with the Office of Communications in FY 1974 concerning the exchange of medical data, case information and laboratory specimens with Agency field installations. Conduct trials of such exchange in FY 1975. Ultimate concept is a central headquarters diagnostic facility available to the Agency Regional Medical Officers in the field with a potential tie-in with university centers in this country.

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Objective was satisfactorily accomplished with the single FY 1974 milestone being attained ahead of schedule. (This was the trial transmission of a copy of EKG data via satellite from [ ] to headquarters in February 1974.) The next milestone calls for the transmission of live EKG and spiropgraphic data from [ ] to headquarters for computer processing. Date for this will be established after the necessary specialized equipment, already ordered, is delivered. As with the Data System for Overseas Illness discussed above, we believe this project for the exchange of physiological data between the field and headquarters will be of significant influence in shaping the Agency's field medical support program of the future.

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Section C. OTHER FY 1974 ACTIVITIES

There are in the OMS many activities that are not subsumed under any of the listed objectives. Indeed most OMS resources are, and have for years, been dedicated to such basic OMS activities as physical examinations for specific

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personnel actions, immunizations, sick call, etc. Certainly such activities are "routine in nature and constitute infrastructure for the visible outputs of the [OMS]..." They are of course no less important than activities connected with explicit objectives. In FY 1974 some selected developments in these activities are outlined below.

1. Management Support

a. The developing OMS Information Processing System was mentioned in Section B above in connection with several specific FY 1974 objectives (Modification of Medical Chartroom, Conversion of Medical Charts, and the MPT/PHE Program). We would simply mention here that we have been working on our revised IPS for some three years, and that in FY 1975 we should begin to phase the new procedures into operation via projects such as MEDSIGN and CLINSTAT. (The former is essentially the OMS role in the MAP computer effort of the M&S Directorate. The latter is the internal OMS system for the use of the computer in the handling of clinical data.) Much still remains to be developed in our IPS, e.g., a plan for the introduction of dependent medical data into the system. The IPS is a long-range development effort for the OMS.

b. In the external training area, one Medical Officer returned from such training in Internal Medicine in California, and another entered training in Public Health at the University of Pittsburgh.

2. Professional Medical Services

a. FY 1974 saw the development of another visual-aid exhibit in our continuing Health Education Program. This was the Heart Disease Detection Exhibit, developed by our Clinical Division, that had its premiere in the Main Lobby in May of this year. (The District of Columbia Medical Society has invited the Agency to display this exhibit at its annual meeting later this year.)

b. We would note the greatly expanding scope of the psychological services support provided by our Psychological Services Staff in FY 1974. Some of the areas of application and the Agency elements to which PSS related were as follows:

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Attitude Surveys: OER, OF, MG Career Service

Selection: DDI Management Staff, CRS, OSR, OP, OS,  
OTR, D/EEO

Assessment Centers: OTR, OJCS, NPIC, DDI

Research Support: DDI (SSG), NPIC, OTR (CTP)

Counseling: OP, OTR, M&SAG

Human Factors: OD&E, NPIC, SSG/DDI

We have been quite satisfied with the response received in these management assistance efforts.

25X1A c. Professionals from our Psychiatric Staff and Psychological Services Staff in FY 1974 were assembled into an OMS Task Force on Counterterrorism. They are working closely with the [redacted] of the DDO and the Cabinet Committee Working Group on International Terrorism chaired by Ambassador Hoffacker. We believe that Psychiatry and Psychology have a real potential for assistance in this crucial and timely area. (This OMS effort was greatly bolstered in January 1974 by the return of our most experienced Psychologist in such matters from a year's detail to [redacted])

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### 3. Operational Medical Support

25X1B a. Requests for medical lectures and medical training (first aid, use of the pneolator, etc.) for Agency employees continued strong in FY 1974. Such activities are the responsibility of our Operations Division which is also responsible for the direct medical support to operational activities. [redacted]

25X1A b. The Chief of our Field Support Staff visited certain Agency installations in Europe and the Middle East on a 3-week medical survey in April 1974. In May the Director of Medical Services and a Medical Officer from our Clinical Division [redacted] visited Agency installations in the Far East on a 3-week survey. En route to headquarters, visits were also

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made to Agency Regional Medical Officers in  
and [REDACTED]

Section D. RECOMMENDATIONS

It is possible that in FY 1975 modifications may be recommended for certain of the BSS objectives (B57201, B57204, and B57205) in the light of our FY 1974 experience, and in the FY 1975 carry-over milestones for the FY 1974 objective having to do with the conversion of dependents medical records to unit records. In case of such modifications we would submit appropriate recommendations to the DD/M&S in accordance with the established M&S procedures for MBO.

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